



## Operational Policy and Procedure

**Policy:** Outpatient Crisis Intervention Services

**Division:** Disability and Behavioral Health Services **Policy Number:** PIHP 211

**Contact:** Addiction and Prevention Services Director

**Status:** Approved

**Date Approved:** 7/02/09

**Date Reviewed/Revised:**

**Effective Date:** 7/02/09

**Department:** Addiction and Prevention Services (AAPS)

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**POLICY:** Providers who wish to provide Outpatient Crisis Intervention Services as a billable modality (H0007) must have Outpatient and /or Intensive Outpatient Services established in their provider contract with the management entity. AAPS licensed addictions treatment programs shall provide Outpatient Crisis Intervention Services only to members currently being served in their facility.

**PURPOSE:** To provide a consistent process for programs to provide Outpatient Crisis Intervention Services thus ensuring quality of care for all members accessing and receiving crisis Intervention alcohol and drug treatment services.

### PROCEDURE:

#### A. General Requirements of the Provider Licensed to Provide Crisis Intervention Services:

- 1) A provider shall be licensed or certified for one or more of the following modalities:
  - a) Outpatient treatment
  - b) Intensive Outpatient treatment
- 2) All providers of the above mentioned modalities [ a) and b)] must be additionally licensed or certified in the modality of alcohol and drug assessment and referral.
- 3) Facilities providing those services must be member accessible on a 24/7 basis with an AAPS credentialed counselors trained in crisis intervention skills
- 4) Immediate response is required in providing Crisis Intervention Services.
- 5) Services are to be a face to face intervention, provide reassurance and develop rapport through validation of the problem and use of active listening skills. (Telephonic intervention may be acceptable with proper documentation in *rare situations* warranted by member need)



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6) The service must include a screening of risk to self and others. Services include evaluation of the severity of the crisis and the member's mental, psychiatric, suicidal or current risk due to substance use and need for and/or referral to alternative addiction services at an appropriate level for stabilization. In the event that the member's crisis needs are beyond the counselor's scope of practice a referral should be made as appropriate.

7) Crisis Intervention Services may include contact with the member's family, or other collateral sources (e.g. caregivers, school personnel, employers, law enforcement, corrections and other stakeholders) who may have pertinent information for the purpose of a preliminary assessment.

8) Ensure the safety of the member and others through assisting with voluntary placement in services, involuntary placement in services, securing close monitoring by family and friends, or assisting the member in leaving a dangerous situation.

9) Stabilize the member's emotional status, explore options for dealing with the crisis, develop a specific action plan and obtain commitment from the member to follow through with the plan. Counteract the member's use of inappropriate coping mechanisms such as denial, withdrawal, reliance on harmful behaviors and substances.

10) Follow up with the member to provide ongoing Outpatient or Intensive Outpatient support if medically necessary.

11) Confidentiality rules as stated in R03-602 of the Kansas AAPS standards (2006) and 42 CFR, Part 2 and the HIPAA of 1996 must be maintained in all procedures of client care including Crisis Intervention Services.



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### B. All Services Must Be Documented To Include:

- 1) Date of service, name of member, start time and stop time, and exact address of the where the service was provided
- 2) List all participants during service (family, local law enforcement, other staff, etc.)
- 3) Goal of service (could be to screen or stabilize or work toward reducing symptoms that are causing the crisis).
- 4) Summary of the crisis and symptoms that indicate the member is in a crisis
  - a) Documentation should demonstrate the staff person is assisting the member with regaining or maintaining the ability to make independent choices and to take a proactive role in treatment including discussing questions or concerns about treatment with his/her counselor.
  - b) Documentation should demonstrate the staff person is assisting the member to identify and effectively respond to or avoid identified precursors or triggers that result in functional impairments.
- 5) Summary of the intervention /services
- 6) Response to intervention developed
  - a) A plan developed with the member for ongoing crisis intervention, including a crisis plan in case the situation escalates.
  - b) List of other services to be utilized to help the member and when those services are to take place. Resolution of the crisis must be clearly documented.
- 7) Signature, title and credentials of the person providing the service.

### C. KCPC Requirements

- 1) Provider is expected to request authorization of services by calling the management entity within 72 hours of the crisis services being delivered.



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2) Services may be authorized after the crisis intervention service is provided however the request must be submitted to the management entity within 72 hours. Services not requested within the 72 hour timeframe may be subject to an administrative denial.

3) Reimbursement for all services will be subject to meeting documentation requirements listed above in section **B** of this policy.

Approved by:

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Deb Stidham

Director, Addiction and Prevention Services

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Date